

**LODGING REQUEST/AGREEMENT**  
**OPERATION JINGLE 2003**  
**(ONE APPLICATION REQUIRED FOR EACH ROOM DESIRED)**

Name: \_\_\_\_\_ Rate: \_\_\_\_\_  
(Last, First, MI)

Command: \_\_\_\_\_ Phone: \_\_\_\_\_

Room Preference (circle one): Double (2 Beds ) or Single (1 Bed)  
(As available. Cannot Guarantee Availability of Requested Room Type)

Special Rooms (circle one): Smoking Non-Smoking Rollaway Bed Crib Handicap  
(As available. Cannot Guarantee Availability of Special Request Rooms)

Relationship of Guests to Service Member (Parents, Brother, Sister, etc.): \_\_\_\_\_

Location Preference (1st, 2nd, 3rd): NORFOLK PORTSMOUTH VIRGINIA BEACH  
(Cannot Guarantee Availability of Location)

Dates Room Desired (circle) : Dec. 23 Dec. 24 Dec. 25

Cost: \$10 per room per night with Cashiers Check/Postal Money Order made payable to:  
"Navy/Marine Corps Relief Society"

Check-in: Tuesday, 23 December 2003 (After 3 p.m.)  
Check-out: Friday, 26 December 2003 (Before 11 a.m.)

I certify that I am requesting this room for visiting family members and that I reside aboard a Norfolk-area based ship or in Norfolk-area military barracks. I assume full responsibility for all incidental expenses and any damages that may be incurred or caused by my guests or myself during their stay as part of "Operation Jingle".

\_\_\_\_\_  
(Signature of Service Member)

Would you or your visiting family members be willing to talk to news media about OPERATION JINGLE: ☐ NO ☐ YES

**TO BE FILLED OUT BY COMMAND REPRESENTATIVE:**

Command Rep's Name: \_\_\_\_\_ Please Print Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Alternate Command Rep's Name: \_\_\_\_\_ Please Print Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Application Verified by: \_\_\_\_\_  
(Signature of Command Representative)

\*\* Forms should be forwarded with reservation fee in form of cashiers check or money order\*\*  
COMNAVREG MIDLANT Public Affairs Office, 1510 Gilbert Street., Bldg. N-21, Room 205, Naval Station Norfolk NLT 11DEC03

**TO BE FILLED OUT BY COMNAVREG MIDLANT COORDINATOR,**  
**MR. Jim Moir, 322-2853 FAX 445-1953 E-MAIL [jmoir@cmar.navy.mil](mailto:jmoir@cmar.navy.mil)**

Date/Time Received: \_\_\_\_\_ Reservation Fee Received/Amt.: \_\_\_\_\_

Hotel Assigned: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_

Number of rooms provided: \_\_\_\_\_ Number of people: \_\_\_\_\_